\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

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| 496 Independer                              | nt Expenditure R               | eport   | A                                       |                  | Type or prii<br>ay be round                 | nt in ink.<br>led to whole dollars.      | PECE49 (NOEA                          | ENDENT EXPENDIT                 | URE REPORT   |
|---|--------------------------------|---|---|------------------|---|--|---------------------------------------|---------------------------------|--|
| NAME OF FILER California Taxpayers Advocate |                                |   |   |                  | Date of This Filing 10/21/2014              |  | Date Stamp                            | CALIFORNIA<br>FORM              |  |
| AREA CODE/PHONE NUMBER (fapplicable)        |                                |   |   | 2014 OCT 22 AM 8 |   |  | For Official U                        | Jse Only                        |  |
| (916) 285-5733                              |                                | 13272   | 1327218                                 |                  | Report No. 7767289-KL                       |  |                                       |                                 | ·  |
| STREET ADDRESS                              |                                |   | *************************************** |                  | _ Ama                                       | ndmont                                   | OFFICE OF                             |                                 |  |
| 1787 Tribute Road, Suite K                  |                                |   |   |                  | Amendment to Report No                      |  | THE CITY CLERK<br>OITY OF NEWPORT BEA |                                 |  |
| CITY  |                                | STATE ZIPCODE   |   |                  | (explain below)                             |  | ONY OF AN MACKINGTON                  |                                 |  |
| Sacramento                                  | nto CA 95815                   |   |   | No. of Pages1    |   |  |                                       |                                 |  |
| 1. List Only One Ca                         | ndidate or Ballot Mea          | sure  |   |                  |   |  |                                       |                                 |  |
| NAME OF CANDIDATE SUPPORTED OR OPPOSED      |                                |   |   |                  | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED |  |                                       |                                 |  |
| Kevin Muldoon                               |                                |   |   |                  |   |  |                                       |                                 |  |
| OFFICE SOUGHT OR HELD DISTRICT NO           |                                |   | SUPPORT                                 | OPPOSE           |   | BALLOT NO./LETTER                        | JURISDICTION                          | SUPPO                           | RT OPPOSE  |
| City Council Meml<br>Beach District 4       | ber: City of Newport           |   | Х                                       |                  |   | - Anna Anna Anna Anna Anna Anna Anna Ann |                                       |                                 |  |
| 2. Independent Expe                         | enditures Made <i>Attach</i> a | dditional informati   | ion on appropr                          | iately labele    | ed continuati                               | on sheets.                               |                                       |                                 |  |
| DATE.                                       | DESCRIPTION OF EXPENDITURE     |   |   |                  |   |  |                                       | AMOUNT                          |  |
| 10/20/2014                                  |                                | Mailer (Estimated Costs) Cumulative to date total \$1363.60 |   |                  |   |  |                                       |                                 | 1,363.60   |
|   |                                |   |   |                  |   |  |                                       |                                 | The state of the s |
|   |                                |   | *************************************** |                  |   |  |                                       |                                 |  |
|   |                                |   |   |                  |   |  |                                       |                                 |  |
| ***************************************     |                                |   |   |                  |   |  |                                       |                                 |  |
|   |                                |   |   |                  |   |  |                                       |                                 |  |
| Reason for Amendmen                         | ıt.                            |   |   |                  |   |  |                                       |                                 |  |
|   | ***                            |   |   |                  |   |  |                                       | _                               |  |
|   |                                |   |   |                  |   |  | FPPC Toll-Free Helpline               | FPPC Form 496<br>: 866/ASK-FPPC | 6 (March/201°<br>(866/275-377  |